

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

446235

FILING DATE

12-4-89

APPLICANT(S)

Brakeley C. et al

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15		2				
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17		2				
18		1				
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42	1					
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44		1				
45		1				
46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL IND.	6					
TOTAL DEP.	48					
TOTAL CLAIMS	54					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						